

U.S. DEPARTMENT OF DEFENSE
SMALL BUSINESS INNOVATION RESEARCH (SBIR) PROGRAM
PROPOSAL COVER SHEET

Failure to fill in all appropriate
spaces may cause your proposal to be disqualified

TOPIC NUMBER: _____

PROPOSAL TITLE: _____

FIRM NAME: _____

MAIL ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PROPOSED COST: _____ PHASE I OR II: _____ PROPOSED DURATION: _____
 PROPOSAL IN MONTHS

BUSINESS CERTIFICATION:

- | | YES | NO |
|--|--------------------------|--------------------------|
| ▶ Are you a small business as described in paragraph 2.2? | <input type="checkbox"/> | <input type="checkbox"/> |
| ▶ Are you a socially and economically disadvantaged business as defined in paragraph 2.3?
(Collected for statistical purposes only) | <input type="checkbox"/> | <input type="checkbox"/> |
| ▶ Are you a woman-owned small business as described in paragraph 2.4?
(Collected for statistical purposes only) | <input type="checkbox"/> | <input type="checkbox"/> |
| ▶ Have you submitted proposals or received awards containing a significant amount of essentially equivalent work under other DoD or federal program solicitations? If yes, list the name(s) of the agency or DoD component, submission date, and Topic Number in the spaces below. | <input type="checkbox"/> | <input type="checkbox"/> |

- ▶ Number of employees including all affiliates (average for preceding 12 months): _____

PROJECT MANAGER/PRINCIPAL INVESTIGATOR

CORPORATE OFFICIAL (BUSINESS)

NAME: _____

NAME: _____

TITLE: _____

TITLE: _____

TELEPHONE: _____

TELEPHONE: _____

For any purpose other than to evaluate the proposal, this data except Appendix A and B shall not be disclosed outside the Government and shall not be duplicated, used or disclosed in whole or in part, provided that if a contract is awarded to this proposer as a result of or in connection with the submission of this data, the Government shall have the right to duplicate, use or disclose the data to the extent provided in the funding agreement. This restriction does not limit the Government's right to use information contained in the data if it is obtained from another source without restriction. The data subject to this restriction is contained on the pages of the proposal listed on the line below.

PROPRIETARY
INFORMATION: _____

Before signing below, please read the cautionary note at Section 3.7

SIGNATURE OF PRINCIPAL INVESTIGATOR

DATE

SIGNATURE OF CORPORATE BUSINESS OFFICIAL

DATE

INSTRUCTIONS FOR COMPLETING APPENDIX A

AND APPENDIX B

General:

DOD Components employ automated optical devices to record SBIR proposal information. Therefore the proposal cover sheet (Appendix A) and the project summary (Appendix B) should be typed without proportional spacing using one of the following typesstyles:

Courier 12, 10 or 12 pitch
Courier 71 10 pitch
Elite 71
Letter Gothic 10 or 12 pitch
OCR-B 10 or 12 pitch
Pica 72 10 pitch
Prestige Elite 10 or 12 pitch
Prestige Pica 10 Pitch

Whenever a numerical value is requested type the numerical character (i.e. in "Proposed Duration" type 6 NOT six).

When typing address information use the two alphabet characters used by the Post Office for the state, DO NOT SPELL OUT THE FULL STATE NAME (i.e. type NY not New York or N.Y.).

Complete and submit the Appendix A and B forms as pages 1 and 2 of each proposal. In addition, (4) complete copies of the proposal must be submitted (see Section 6).

Carefully align the forms in the typewriter using the underlines as a guide. The forms are printed to accommodate standard typewriter spacing.

Additional forms may be downloaded from our Home Page (<http://www.acq.osd.mil/sadbu/sbir>). They may also be obtained from your State SBIR Organization (Reference D) or:

DOD SBIR Support Services
2850 Metro Drive
Suite 600
Minneapolis, MN 55425-1566
(800) 382-4634